



CITY OF BELEN, NEW MEXICO

# Personnel Action APPLICATION FOR LEAVE

(Fill in the blanks, press print when done.)

Employee's Name: <span style="background-color: #cccccc; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span>		In event of emergency, where may we contact you? <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	
Department/Division/Section: <span style="background-color: #cccccc; display: inline-block; width: 450px; height: 1.2em; vertical-align: middle;"></span>			
No. of hours requested: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	Beginning Pay Period: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	Ending Pay Period: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	
<b>NOTE:</b> 1. An employee may be required to furnish a doctor's certificate. 2. The bottom portion must be completed by the applicant.			
Signature: Employee <span style="background-color: #cccccc; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>			Date Submitted: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date: <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	Signature of Approving Authority: <span style="background-color: #cccccc; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	

(Must click to select)

Enter the hours that correspond to the type of leave requested

- ☐ Compensatory  
☐ Military  
☐ Maternity  
☐ Court or Jury  
☐ Education  
☐ Administrative  
☐ Bereavement  
☐ Workers Comp.

Dates:	S	S	M	T	W	T	F	S	S	M	T	W	T	F
Time Beginning:														
Ending:														
Annual (Vacation):														
Sick:														
Personal Holiday:														
*Leave without Pay:														
Other: Check left														

 AL:  SL:  PL:  WO/p:  Other:  Total Hours: 

\* Leave without pay requires Department Head and City Manger Approval.

If leave exceeds 10 working days, complete another P-30.

ORIGINAL -Payroll